

Missouri Family, Career and Community Leaders of America Member Affiliation Form for the 2005-06 School Year

TO RECEIVE FULL SERVICES INCLUDING THE JAN/FEB ISSUE OF *TEEN TIMES*, AFFILIATION AND PAYMENT MUST BE RECEIVED AT THE STATE OFFICE BY NOVEMBER 1. AFFILIATIONS WILL ONLY BE PROCESSED WHEN RECEIVED WITH FORM, MEMBER LIST AND PAYMENT. SEE INSTRUCTIONS ON BACK.

Chapter ID: _____ Region: _____

Name of Chapter: _____

Name of School: _____

School Address: _____

City: _____ MO _____ Zip: _____

School Phone # (Including area code) _____ School Fax # (Including area code) _____

3 Co-curricular Chapter? Yes ☐ No ☐ 4 School Location: ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural

5 Check your school type: ☐ Elementary ☐ Middle School ☐ Junior High/Intermediate
☐ Combine Jr/Sr High ☐ Senior High ☐ Other (Voc School, etc.)

6 # of Males _____ # of Females _____ Total members for this payment _____ Total members year to date _____

7 Race/national origin (optional). Enter number of members below:

Caucasian _____ # African-American _____ # Asian _____

of Hispanic _____ # Native America _____ # Others _____

8 Comprehensive / Occupational Membership for this payment:

Comprehensive _____ # Occupational _____

9 _____

Mr/Mrs/Ms _____ Advisor First Name _____ M.I. _____ Advisor Last Name _____

Home Address _____

City _____ State _____ Zip _____

Phone # (Including area code) _____ Best time of day to contact _____ 10 _____ 11 _____ Years as advisor _____

12 My Email Address is _____

13 The additional advisors for this chapter are (list address/phone/email on a separate sheet): _____

DECEMBER 20 DEADLINE FOR OFFICER CANDIDATES AND STAR EVENTS ELIGIBILITY

SEND FORM, MEMBER LIST AND ONE CHECK TO INCLUDE NATIONAL, STATE, AND REGIONAL DUES TO:

Missouri Family, Career and Community Leaders of America
Missouri Department of Elementary and Secondary
Education
PO Box 480

DUES National, state and regional dues must be paid for each member.
14 Overpayment of \$10.00 or less will not be refunded. No substitution of names.

Which dues payment of the school year? ☐ 1st ☐ 2nd ☐ 3rd or more

NATIONAL DUES

Members	1 to 9 members	RATE	Minimum	AMOUNT
				= \$ 72.00
Additional Members	_____ X	\$ 8.00		= \$ _____
Advisor Contribution	_____ X	\$ 8.00		= \$ _____

STATE DUES

Members	_____ X	\$ 2.00		= \$ _____
Advisor Contribution	_____ X	\$ 2.00		= \$ _____

REGIONAL DUES

Members	_____ X	\$ _____		= \$ _____
Advisor Contribution	_____ X	\$ _____		= \$ _____

Breakdown of Regional Dues per Member

Region 01 - \$ 1.00	Region 5 - \$ 1.00	Region 09 - \$ 2.00
Region 02 - \$ 2.00	Region 6 - \$ 1.00	Region 10 - \$ 1.00
Region 03 - \$ 1.25	Region 7 - \$ 2.00	Region 11 - \$ 1.00
Region 04 - \$ 1.00	Region 8 - \$ 1.00	Region 12 - \$ 1.00
		Region 13 - \$ 2.00

Alumni and Associates Dues

☐ New ☐ Renewal

(Advisors only) One-year membership \$20 (\$5 State / \$15 National) \$ _____

Two-year membership \$35 (\$10 State / \$25 National) \$ _____

Dues Payment (One check payable to MO FCCLA for National, State and Regional Dues)

Check Number: _____ Total Enclosed \$ _____

15 Chapter Advisor _____ Date _____

Chapter President _____ Date _____

Date Received by Missouri FCCLA: _____

White Copy - Missouri FCCLA

Yellow Copy - Chapter Advisor

Instructions for Completing Form

Please use a blue or black ballpoint pen and press hard to complete both copies.

ABOUT THE CHAPTER

1. LISTING OF MEMBERS – Please attach a typed or computer-generated list of member names in alphabetical order by last name. Also indicate each member's grade number (i.e. Senior = 12, Junior = 11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
2. CHAPTER DATA – Indicate your chapter identification number and Missouri FCCLA region. If you do not know your chapter identification number or region contact the state office at 573/751-7964. New chapters will be assigned an identification number when the affiliation is received and processed by the state office. Complete the chapter name, school name, address, city, state, zip code and zip code extension, telephone number and fax number on the appropriate lines.
3. CO-CURRICULAR – Indicate if your chapter is co-curricular (A program that integrates FCCLA chapter activities into the family and consumer sciences classroom program of study) by marking the appropriate box.
4. POPULATION INFORMATION – Which population best describes the location of your school? Urban (Over 100,000), Suburban (75,000 to 100,000), Small Town (15,000 to 75,000), or Rural (Under 15,000).
5. SCHOOL TYPE – Check the category that best describes your school.
6. CHAPTER MEMBERSHIP – Complete the number of males, females and total members included in this payment. Also give the total number of members affiliated for the year-to-date. **Do not include Advisor in counts.**
7. RACE/NATIONAL ORIGIN (optional) – Please complete with the number of members in this payment for each category. This demographic information will be used to determine if we are meeting the program and service needs of all members.
8. COMPREHENSIVE / OCCUPATIONAL MEMBERSHIP – Complete number of comprehensive and occupational members for this payment.

ABOUT THE ADVISOR

9. CHAPTER ADVISOR – Complete Advisor information.
10. CONTACT TIME – Please let us know what time of the school day is best to contact you.
11. YEARS AS ADVISOR – Complete the boxes with the total number of years you have been a chapter Advisor. This information will be used to determine the years of service awards.
12. EMAIL ADDRESS – Please provide if available.
13. ADDITIONAL ADVISORS – List additional Advisors' names. Please include name/address/phone/email on a separate sheet.

DUES CALCULATION - NATIONAL, STATE AND REGIONAL DUES MUST BE PAID FOR EACH MEMBER. THERE ARE NO SUBSTITUTIONS OF NAMES.

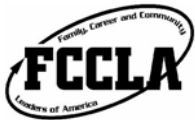
14. NATIONAL DUES – Indicate the payment for the school year. **THE MINIMUM NATIONAL DUES PAYMENT FOR CHAPTERS OF ONE TO NINE MEMBERS IS \$72.00.**
Indicate number of **additional** members multiply by \$8 and give total amount of national dues for additional members. Indicate number of advisors multiply by \$8 and give amount of advisor national contributions.
STATE DUES – Indicate number of members and advisors. Multiply each by \$2 and give the total amount of state dues.
REGIONAL DUES – Indicate number of members and advisors. Multiply each by regional dues (see regional breakdown) and give total amount of regional dues.

Verify the payment is correct for the number of members listed. **Affiliations will only be processed when received with payment and proper paperwork.** Prepare **ONE** check or money order to include national, state, and regional dues payable to **Missouri FCCLA**. The state office does not accept purchase orders, future payment vouchers, or credit card payments.

15. Have the chapter Advisor and chapter president sign and date the completed form.

Retain the yellow copy of this form for your records and mail the white copy with your member roster list and **ONE** check or money order to include national, state, and regional dues to the address shown in the front upper right-hand corner of this form.

Early dues payment to the State Office by November 1 helps assure that your members receive a full year of services. Members participating in Power of One or Member Quest **MUST** affiliate by February 1 (postmark date) to make certain your chapter's affiliation is forwarded to the National Office before March 1.



Missouri Family, Career and Community Leaders of America
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102-0480
573/751-7964



Email address: christine.hollingsworth@dese.mo.gov
MO FCCLA Website address: <http://dese.mo.gov/divcareered/fccla.htm>